



11-26-03

3738

<b>TRANSMITTAL FORM</b> (To be used for all correspondence after initial filing)	Application Number	09/473,196
	Filing Date	December 13, 1999
	Confirmation Number	9700
	Inventor(s)	SANDERS
	Group Art Unit	3738
Express Mail Label No.: EV 196252726 US	Examiner	Isabella, D.
Total Number of Pages in This Submission: 13	Attorney Docket No.	88-01 C2D1C1RE

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (submit in duplicate)	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet
<input checked="" type="checkbox"/> Fee Attached \$ 950.00	<input type="checkbox"/> Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group
Check No.: 1183	<input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Request for Return of PTO-1449 Forms	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to the Commissioner	<input type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Request Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Address	<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer(s)	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Response to Missing Parts / Incomplete Application
<input type="checkbox"/> Cited References	<input checked="" type="checkbox"/> Certificate of Mailing by Express Mail	
<input type="checkbox"/> Search report		
<input type="checkbox"/> Drawing(s): Number of Pages _____	<input type="checkbox"/> Other Enclosure(s): _____	
Number of Figs. _____ and cover sheet		
<input type="checkbox"/> Formal		
<input type="checkbox"/> Informal		

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TECHNOLOGY CENTER R3700

Current Due Date: November 27, 2003 (three months extended)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual and Company	Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668
Signature	<i>Michael W. Haas</i>
Date	November 25, 2003

CERTIFICATE OF MAILING

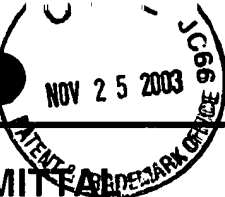
I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to:  
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: November 25, 2003,  
Express Mail Label No. EV 196252726 US.

Typed Name	Michael W. Haas, Reg. No. 35,174		
Signature	<i>Michael W. Haas</i>	Date	November 25, 2003

**FEE TRANSMITTAL**

(Effective 10/01/2003)

NOV 25 2003



Application Number	09/473,196
Filing Date	December 13, 1999
First Named Inventor	SANDERS
Confirmation Number	9700
Group Art Unit	3738
Examiner's Name	Isabella, D.
Attorney Docket No.	88-01 C2D1C1RE

"Express Mail" Label No. EV 196252726 US

**TOTAL AMOUNT OF PAYMENT** \$ 950.00

METHOD OF PAYMENT		FEE CALCULATION (continued)	
<b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: <b>50-0558</b> Deposit Account Name: <b>Respironics, Inc.</b> <input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17 and 1.20 <input type="checkbox"/> Charge the Issue Fee set forth in 37 C.F.R. § 1.18		<b>3. ADDITIONAL FEES</b>	
<b>2.</b> <input checked="" type="checkbox"/> Payment Enclosed: Check (Check No. <b>1183</b> )			
<b>FEE CALCULATION (fees effective 10/01/00)</b>			
<b>1. FILING FEE</b>			
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>			<b>\$ 0.00</b>
<b>2. CLAIMS</b>			
Total Claims	Extra Claims	Fee from Below	Fee Paid
___	___ x	18 =	
Ind. Claims	___ x	86 =	
Multiple Dependent Claims add		290 =	
* Enter Highest Number Previous Paid For			
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim	
1204 86	2204 43	Reissue independent claims over original patent	
1205 18	2205 9	Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>			<b>\$ 0.00</b>
		<b>Other Fee (specify) _____</b>	
		<b>SUBTOTAL (3)</b>	
		<b>\$ 950.00</b>	

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**SUBMITTED BY**

Typed or Printed Name	Michael W. Haas	Reg. Number	35,174
Signature		Date	November 25, 2003
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